

pu-14-121  
COMPLETE THIS SECTION ON DELIVERY

Signature

Emilie Conroy

- Agent
- Addressee

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

B. Received by (Printed Name)

EMILIE CONROY

C. Date of Delivery

7/16/14

1. Article Addressed to:

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

- No

David Moeller  
Minnesota Power  
30 West Superior Street  
Duluth MN 55802

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

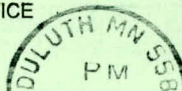
- Yes

2. Article Number

(Transfer from service label)

7012 2210 0001 5060 9972

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

ND Public Service Commission  
600 E Boulevard Ave. Dept. 408  
Bismarck ND 58505-0480

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Return receipt - 7012-2210-0001-5060-9972

USPS